

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90072 016 ***150.00

DOCUMENT # P97000039595

1. Corporation Name

DEVON HOLDINGS, INC.

Principal Place of Business

~~5401 SOUTH KIRKMAN ROAD~~
~~SUITE 500~~
ORLANDO FL ~~32819~~

Mailing Address

~~5401 SOUTH KIRKMAN ROAD~~
~~SUITE 500~~
ORLANDO FL ~~32819~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3444051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5301 Conroy Rd.

Suite, Apt. #, etc.

22 Suite 140

23 Orlando FL

24 32811 25 USA

2a. Mailing Address

26 5301 Conroy Rd.

Suite, Apt. #, etc.

27 Suite 140

28 ORLANDO FL

29 32811 30 USA

9. Name and Address of Current Registered Agent

LANE, PAUL C
5401 SOUTH KIRKMAN ROAD
SUITE 500
ORLANDO FL 32819 32811

10. Name and Address of New Registered Agent

81 Name PAUL C. LANE

82 Street Address (P.O. Box Number is Not Acceptable)
5301 CONROY RD.

83 Suite 140

84 City Orlando FL 85 Zip Code 32811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Paul C. Lane

2-22-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LANE, PAUL C
STREET ADDRESS 5401 SOUTH KIRKMAN ROAD, SUITE 500
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME LANE, PAUL C.
1.3 STREET ADDRESS 5301 Conroy Rd.
1.4 CITY-ST-ZIP Orlando, FL 32811

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul C. Lane Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 407-316-0343

Date

Daytime Phone #

CR2E034 (1/98)